## FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

**FORM D** 

# Washington, D.C. 20549

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APPROVAL OMB Number: 3235-0076 20.2008



UNIFORM LIMITED OFFERING EXEMPTION
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)
\$1,505,000 Offering of Limited Liability Company Units
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA MAR 2 1 2002
1. Enter the information requested about the issuer
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)
Noyes Island LLC
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Audiding Area Code)
3309 56th Avenue NW, #102, Gig Harbor, WA 98335 (253) 851-9087
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Telephone Number (Including Area Code)
(if different from Executive Offices)  PROCESSED
Brief Description of Business
Real estate investment. MAR 2 8 2007 E
Type of Business Organization THOMSON
corporation   limited partnership, already formed ANCIAL other (please specify): Limited liability
Dustiless trust
Month Year
Actual or Estimated Date of Incorporation or Organization: 10 06 Z Actual Estimated  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction)
GENERAL INSTRUCTIONS
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.
Filing Fee: There is no federal filing fee.
State:
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.
ATTENTION
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

• • • • • • • • •		12	in hidiara	A 17.1	YON TION DATE			: 1	
7 Principle information of	guestad for the f-II	On the second		ığ EH	CATION DATA	Visit			
2. Enter the information re			g: is been organized wi	thin 1	he nast five vears:				
						of 10	% or more o	fa clas	s of equity securities of the issue
					rate general and man				
				corpo	rate general and man	·"5···6	purtilers of	puille	
Each general and r	nanaging partner of	partr	iersnip issuers.		<u> </u>				
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)						<del></del>		
Cunningham, Brian									
Business or Residence Addre 3309 56th Street NW, #1				de)			<u></u>		
Check Box(es) that Apply	Promoter		Beneficial Owner		Executive Officer		Director	M	General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and	Street	, City, State, Zip Co	de)	<u> </u>				
3309 56th Street NW, #10	•			/					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, Beninger, David	if individual)				<u> </u>				
Business or Residence Addre	ess (Number and	Street	, City, State, Zip Co	de)					
701 Fifth Avenue, Suite 6	700, Seattle, WA	\ 981	04-7016						
Check Box(es) that Apply:	Promoter	₩Z	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)								
Cunningham, Joel									
Business or Residence Addre	ess (Number and	Street	, City, State, Zip Co	de)					
701 Fifth Avenue, Suite	6700, Seattle, W	'A 98	104-7016						<u> </u>
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, Anderson, Karl	if individual)	-					-	•	
Business or Residence Addre	ess (Number and	Street	t, City, State, Zip Co	ode)					
PO Box 2259, Tacoma,	WA 98401							.,	
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, Weyerhaeuser, William									
Business or Residence Addre 1145 Broadway, Suite 1	•		t, City, State, Zip Co 402	ode)		-,-			
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)		<del></del>	_	<u> </u>		<del></del>		
McFarland, B. Corry			<del></del>		- <del></del>				
Business or Residence Address 2034 Browns Point Blvd.	•		= "	ode)					

i jä	The state of the s	10 <sup>20</sup> 35		3	B. II	FORMATI	OÑ ÄBÒU	r offeri	NG 🐺 🖰				
1.	Has the	issuer sold	l, or does th	ne issuer in	itend to sel	l, to non-ac	ccredited in	vestors in	this offeri	ng?		Yes	No <b>⊠</b>
	Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?												
2.	What is	the minim	um investm	ent that w	ill be acce	pted from a	ny individ	ual?				\$	,000.00
3.												Yes <b></b> ✓	No
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, as commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering												
	If a pers	on to be lis	ilar remune ted is an ass ime of the b	ociated pe	rson or age	nt of a brok	er or deale	r registered	l with the S	EC and/or	with a state		
	a brokei	or dealer,	you may so	et forth the	informati	on for that	broker or o	lealer only	·-				
Ful N/		Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)		·				
Nai	me of Ass	sociated Br	oker or De	aler									- <del></del>
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers	<u>-</u>	<u>.</u>				-
	(Check	"All States	or check	individual	States)	•••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************			States
	AL	[AK]	[AZ]	AR	ĈA	(CO)	CT	DE	DC]	FL	GA	HI	ID
	IL	IN	[]A	KS	KY	LA	MĒ	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH]	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
			ريد.									<u> </u>	
Ful	l Name (I	Last name	first, if indi	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Na	me of Ass	sociated Br	oker or De	aler		-		·-		•			
Sta	tes in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)			•••••••••••••••••••••••••••••••••••••••		,		☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI_ OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	ll Name (	Last name	first, if ind	ividual)	<del></del>					· <del>-</del> .			
Bu	siness or	Residence	: Address (1	Number an	d Street, C	ity, State, 2	Zip Code)				<del></del>		<del></del>
Na	me of As	sociated Bi	oker or De	aler		<del></del>	<del></del>	<u></u>	· · ·				<del> </del>
													<del>.</del>
Sta			Listed Hass or check									[ Al	l States
	(Cneck												
	AL	AK IN	AZ IA	(KS)	CA KY	[CO]	[CT] [ME]	DE MD	DC MA	FL MI	GA MN	MS	ID MO
	IL MT	NE)	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	$[\overline{VT}]$	VA	WA	$\overline{WV}$	WI	WY	PR

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Pric		Amount Already Sold
	Debt			\$
	EquityS			
	Common Preferred			
	Convertible Securities (including warrants)			\$
	Partnership Interests			\$
	Other (Specify LLC units)	1.505.000	.00	
	Other (Specify LLC units )	1.505.000	.00	e 900 000 00
				2_000 00000
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors	0		<b>\$</b>
	Non-accredited Investors			\$
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
		Type of		Dollar Amount
	Type of Offering	Security		Sold
	Rule 505			\$
	Regulation A			\$
	Rule 504		_	\$
	Total			\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			\$
	Legal Fees			\$_10,000.00
	Accounting Fees			\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify)			\$
	Total			\$ 10,000.00
	I Otal		_	

C. OFFERING PRICE; NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

242	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PI	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		1,495,000.00
<b>5</b> .	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		
	Purchase of real estate		
	Purchase, rental or leasing and installation of machinery and equipment		
	Construction or leasing of plant buildings and facilities		
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		
	Repayment of indebtedness		
	Working capital		
	Other (specify):		
		<b>]</b> \$	
	Column Totals	\$_0.00	\$ 1,495,000.0
	Total Payments Listed (column totals added)	□ \$ <u>_1</u>	495,000.00
<u>:</u> •	D. FEDERAL SIGNATURE		
The	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R	is filed under Ru sion, upon writte	ile 505, the following
ssu		Date	
No	oyes Island LLC Drive from ham	March	19,2007
	me of Signer (Print or Type) Title of Signer (Print or Type) amboat Bay LLC by Brian Cunningham, Mgr.  Manager		,

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	2 . 2	THE REPORT OF THE PROPERTY OF	2. 6	المراجع المجاورة	٧.
n kir L	. معه الحراق	E STATE SIGNATURE		33	٠,٠٠٠
	1	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification	Yes	No	
	1.	provisions of such rule?		<b>[X</b> ]	

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date
Noyes Island LLC	Ama finter 3/19/07
Name (Print or Type)	Title (Print or Type)
Steamboat Bay LLC by Brian Cunningham, Mgr.	Manager Breas Jumphan 3/19/07

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

### 5 1 Disqualification under State ULOE Type of security (if yes, attach and aggregate Intend to sell explanation of Type of investor and offering price to non-accredited amount purchased in State waiver granted) offered in state investors in State (Part E-Item 1) (Part C-Item 2) (Part C-Item 1) (Part B-Item 1) Number of Number of Non-Accredited Accredited Yes No Investors Amount Investors Amount Yes No State ΑL ΑK ΑZ AR CA CO CT DE DC FL GΑ HI ID IL IN IA KS ΚY LA ME MDMA ΜI MN MS

#### APPENDIX. 3 Disqualification under State ULOE Type of security (if yes, attach and aggregate Intend to sell Type of investor and amount purchased in State explanation of to non-accredited offering price waiver granted) offered in state investors in State (Part E-Item 1) (Part C-Item 2) (Part C-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited Yes No Investors Amount Investors Amount State Yes No MO MT NE NV NΗ NJ NM NY NC ND ОН OK OR PA RΙ SCSD TN TXUT VT VA X LLC Units \$900,000.00 \$0.00 6 WA wv WI

			The second	APP	ENDIX		Manage Manage Manage Manage Manage Manage Manage Ma		
1	_	2	3 Type of security			4	<u>.</u>	under Sta	lification ate ULOE
	to non-a	I to sell accredited is in State I-Item 1)	and aggregate offering price offered in state (Part C-Item 1)		(if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR							<u>.</u>		

**v** • • • •